

National Health Service.

South-East Metropolitan Regional Hospital Board.

CANTERBURY GROUP HOSPITAL MANAGEMENT COMMITTEE

Members :

Mr. Edward J. Mount (Chairman)
Sheriff W. H. Chessell (Vice-Chairman)
Mrs. H. M. Bax
Mr. C. V. T. Colling-Baugh, L.D.S., R.C.S.
Dr. F. C. Cozens, M.B., B.Ch. (Chairman of Herne Bay District
House Committee)
The Right Worshipful the Mayor of Canterbury, Alderman
Mrs. G. R. Hews
Mr. P. Jackling, O.B.E., J.P. (Chairman of Finance Committee)
Mr. F. C. Jenkins
Mr. J. H. Johnson (Chairman of Supplies Committee)
Mr. R. H. Lucas, C.B.E., M.C., F.R.C.S. (Chairman of Group
Medical Committee)
Dr. I. B. Morris, M.B., B.Chir., M.R.C.S., L.R.C.P.
Mr. F. J. Terry (Chairman of Faversham, Herne & Whitstable
District House Committee)
Mr. W. A. Terry (Chairman of Establishment Committee)
Miss W. Tower, M.B.E., J.P. (Chairman of Nursing Committee)
Dr. H. A. Treble, B.M., B.Ch., M.R.C.P. (Member of the
Regional Hospital Board)
Mr. F. G. St. Clair Strange, F.R.C.S.

The Committee has pleasure in presenting its first report covering the period 5th July, 1948 to 25th March, 1949.

AREA AND POPULATION

The administration of hospitals and clinics situated within an area of fifteen miles radius of Canterbury is the responsibility of the Committee. The population of that area is approximately 116,000 persons.

DISTRICT ADMINISTRATION

For the purpose of the day to day administration of the Institutions the area has been divided into three districts, each having its House Committee, namely :-

Canterbury district
Herne Bay district
Faversham, Herne & Whitstable district

HOSPITALS AND CLINICS

The Hospitals and Clinics comprising the Canterbury Group are :



<u>Name of Hospital or Clinic</u>	<u>No. of beds</u>	<u>Function</u>
Kent & Canterbury Hospital, Canterbury	225	acute general and maternity
Queen Victoria Memorial Hospital, Herne Bay	40	acute general
Whitstable & Tankerton Hospital, Tankerton	42	acute general
Faversham Cottage Hospital, Faversham	22	acute general
Nunnery Fields Hospital, Canterbury	131	chronic sick
Herne Hospital, near Herne Bay	129	chronic sick, mentally deficient and epileptics
Isolation Hospital, Canterbury	39	fever
St. Helier's Nursing Home, Tankerton	14	maternity
St. Anne's Convalescent Home, Herne Bay	112	convalescent children
Crole Wyndham Memorial Home, Herne Bay	19	convalescent children
Chest Clinic, Canterbury	-	T.B. treatment
Chest Clinic, Faversham	-	T.B. treatment
Chest Clinic, Herne Bay	-	T.B. treatment
V.D. Clinic, Canterbury	-	V.D. treatment

In addition to the above the Management Committee has the use of beds at the undermentioned Institutions which are under the control of the Kent County Council :-

	<u>No. of beds</u>	<u>Function</u>
Bensted House Hospital, Ospringe	136	Chronic sick
The Close Hospital, Bridge	51	Chronic sick

STANDING COMMITTEES

To facilitate the work of the Management Committee and of the District House Committees the following Standing Committees have been constituted :-

Establishment Committee,
Finance Committee,
Group Medical Committee,
Nursing Committee,
Supplies Committee.

All the Committees except the Nursing and Supplies Committees have met at least once each month. The Nursing Committee has met every two or three months and the Supplies Committee when required.

The Hospital Management Committee has met at least twice every month to receive reports from all Committees and to deal with matters of policy and procedure. The attendances at all meetings have been good thus revealing, if any proof were needed, the enthusiasm of the members and their determination to make the Hospital services in this area efficient.

The Group Medical Committee, comprised of the professional members serving on the Management Committee and representatives of the medical profession in the area who serve Hospitals, Clinics or who are in general practice, has met monthly and has given help and counsel of inestimable value to the Management Committee.

All the members of the Management Committee serve on one or more Standing Committee and on at least one District House Committee. To preserve local interest, the membership of the District House Committees and the Nursing Committee has been extended to include many ladies and gentlemen who are not members of the Management Committee. This policy has worked well in practice and so many members, who before the 5th July, 1948, were willing workers for Institutions, have continued their voluntary labours and have given generously of their time and advice to the new service.

PATRONS

The following ladies and gentlemen have kindly consented to become Patrons and Vice-Patrons of the Hospitals in the districts shewn against their name :-

Canterbury District

His Grace the Lord Archbishop of Canterbury (Patron)
The Very Reverend the Dean of Canterbury (Vice-Patron)
The Viscountess Broome (Vice-Patron)
Sheriff of Canterbury, W. H. Chessell, Esq. (Vice-Patron)
Councillor A. Wallace Fowler (Vice-Patron)
The Right Worshipful the Mayor of Canterbury,
Alderman Mrs. G. R. Hews, (Vice-Patron)
Major H. G. James, (Vice-Patron)
The Hon. Mrs. Wilfrid James, (Vice-Patron)
A. B. Beresford Jones, Esq., M.S. (Vice-Patron)
E. J. Mount, Esq., (Vice-Patron)
H. G. Mount, Esq., (Vice-Patron)
Harold Wachter, Esq., M.D. (Vice-Patron)
J. Baker White, Esq., M.P. (Vice-Patron)
Charles Yeoman, Esq., (Vice-Patron)

Herne Bay District

Alex H. Dence, Esq., J.P. (Patron)
Mrs. E. H. Barnes, (Vice-Patron)
G. H. Beetonson, Esq., (Vice-Patron)
S. G. Brealey, Esq., M.C., J.P. (Vice-Patron)
T. B. Cornfoot, Esq., (Vice-Patron)
Mrs. Freshwater, (Vice-Patron)
Mrs. Griffiths, (Vice-Patron)
W. R. Owen, Esq., (Vice-Patron)
H. Purkiss, Esq., (Vice-Patron)
Mrs. Sheepwash, (Vice-Patron)
A. Reginald Stamp, Esq., (Vice-Patron)
A. Dean Swift, Esq., (Vice-Patron)
Miss Rosina Whyatt, (Vice-Patron)

Faversham, Herne and Whitstable District

Lord Harris (Patron)
A. Collar, Esq., J.P., (Vice-Patron)
Mrs. F. Cremer, (Vice-Patron)
C. Edkins, Esq., (Vice-Patron)
Mrs. E. L. Gillett, (Vice-Patron)
Colonel J. C. Hooper, (Vice-Patron)
Alderman J. H. Johnson, (Vice-Patron)
J. B. Neame, Esq., J.P. (Vice-Patron)
T. Neame, Esq., (Vice-Patron)
Arthur Smith, Esq., (Vice-Patron)
E. Vinson, Esq., (Vice-Patron)
Dr. E. W. Witney, Snr., (Vice-Patron)

BEDS AND OUT-PATIENT FACILITIES

Acute Sick Beds.

During the past nine months it has become increasingly apparent that the number of beds available for the acute sick is about one third of the number required to meet the demands of the public and to enable the Specialists, Physicians and Surgeons to do their work. The waiting list of patients recommended for in-patient treatment has increased week by week and now is nearly 800.

Out-patients.

The attendances of out-patients, particularly at the Kent and Canterbury Hospital, have rapidly increased since the commencement of the National Health Service. The out-patient department at this Hospital, which was planned for 50,000 attendances annually, is being severely taxed by having to cope with double that number of attendances. The effect on the Staff, coupled with the inability of the Committee to secure an extension of the premises provide problems of the first magnitude. It is to be hoped that the huge demand for surgical appliances and spectacles will soon diminish to some extent and so bring some relief. Perhaps, too, the provision of a Health Centre at Canterbury will also have the effect of reducing the out-patient work at the Hospitals in the area. At the present time the Kent and Canterbury Hospital serves as one of the two distribution centres for hearing aids in the South East region. This is an important branch of the health services and causes a great deal of work for the small professional and technical staff.

Extension of acute beds.

With a view to providing a wider service for the acute sick the Management Committee has asked the Regional Hospital Board to allow an annexe to the Kent and Canterbury Hospital to be opened at Bridge during the course of this year. If at least thirty beds can be made available it will be a useful start to a large extension programme which should be carried through at the earliest possible moment.

Chronic sick beds.

In this area not many more beds are required for the chronic sick but as the accommodation is poor in the extreme it is the paramount duty of the Management Committee to press the Regional Hospital Board to allow new up-to-date premises to be built or purchased without delay.

There has been a gradual increase in Staff employed, particularly Nurses, and consequently nearly all the beds for the aged sick are in full use. The waiting list is 26 and most requests for beds can be dealt with reasonably quickly. The Admissions Office, which operates as part of the Central Office administration, has been of particular value to the patients and to General Practitioners in connection with admissions to the Institutions containing the chronic sick beds.

Maternity beds.

An extension of fourteen beds to the maternity unit at the Kent and Canterbury Hospital will be opened in the immediate future. The total number of maternity beds in the area will then be forty-eight and they should be sufficient for some time to come.

Convalescent beds.

The number of beds and the accommodation for convalescent children are quite adequate.

Chest clinics and beds.

Whilst the out-patient facilities of the Chest Clinics are reasonable there is an acute shortage of beds for in-patient treatment. The Regional Hospital Board has the matter in hand and it is hoped that more Nurses will be recruited to staff the beds now available at Sanatoria, so that the service for tuberculosis patients may be improved considerably.

Infectious diseases beds.

Beds available for patients suffering from infectious diseases are sufficient to meet normal demands. The Canterbury Isolation Hospital, is, however, very much out of date and in its present state not more than thirteen patients can be nursed at any one time. The Management Committee has recommended a scheme of extensive improvements at this Institution including the provision of better living quarters and amenities for the Staff.

MAINTENANCE OF BUILDINGS AND PLANT.

All the Hospitals and Clinics have been visited many times and the Management and District House Committees have studied reports which the Consulting Architect and the Consulting Engineer were asked to submit on the condition of the buildings and plant.

Considerable maintenance work, including redecoration, has been undertaken but much more remains to be done especially at the older buildings which, unfortunately, will have to be used until large scale building work can be undertaken. The maintenance of old fabric, the replacement of out of date equipment and the repair of plant and furniture is a long and costly business. Some improvement is noticeable as a result of work during the past few months and the Committee is determined to continue to endeavour to improve the Institutions despite periodic set backs and depression caused through the shortage of materials and money.

STAFF.

Medical and Dental Staff.

At the request of the Regional Hospital Board a review has been made of the medical and dental staff employed and required. The services of more medical men, junior specialists, are needed at once and steps are being taken to secure the help of those suitably qualified to undertake responsible work in this area and adjacent areas.

On behalf of the Management Committee, the Establishment Committee and Nursing Committee have reviewed all other staff.

Nursing Staff.

There is a shortage of about fifty nurses, chiefly required for duty in the chronic sick hospitals and in the smaller general hospitals. As mentioned elsewhere in this report the Committee has taken steps to improve the conditions of service for Nurses at hospitals in the Group. The work of Nurses has been drawn to potential candidates and, as a result, it is hoped that the situation in regard to the number of nurses employed will improve.

Domestic Staff.

Generally speaking the strength of the domestic staff and that of other staff is sufficient to maintain the hospitals at their present occupancy.

Staff conditions of service.

It is the aim of the Management Committee to recruit staff and to give them reasonable working conditions so that when new buildings become available it will be possible to provide the additional beds and out-patient clinics now wanted for the service.

ADMINISTRATION.

Due to the heavy and varied programme of work undertaken, including the administration and servicing of three Institutions and four clinics previously controlled by Local Authorities, it has been necessary to appoint staff for a central office.

Where possible, staff eligible for transfer from former voluntary hospitals and from Local Authorities, have been engaged. In the main it is the junior staff who have been recruited.

The sections of the administration are :-

Secretarial,
Finance,
Supplies,
Engineering services.

At each Hospital and Clinic there is a small administrative staff. The work of the whole group is co-ordinated by the Secretary who, as the Principal Administrative Officer, serves the Management Committee, all Standing Committees and the Hospitals and Clinics.

WORK PERFORMED.

Statistics.

A study of the statistical report attached reveals the extent of the work during 1948 which covered six months service under the National Health Service.

It has been the aim of the Management Committee to ensure that the limited facilities should be kept available at all times

Transfer Scheme.

With a view to using the excellent general services at the Kent and Canterbury Hospital to a greater extent than ever before, a transfer scheme for in-patients has been introduced. By the helpful co-operation of the smaller general hospitals, patients after receiving a few days special treatment in the hospital at Canterbury are transferred to the hospitals at Faversham, Herne Bay or Whitstable for the completion of their treatment.

But, to repeat, day by day it becomes evident that more beds for the acute sick must be made available if the comprehensive health service at hospitals in the area is not to become merely a pious hope.

During the past three months all records for the occupation of the beds and the attendances of out-patients have been broken. And still the demand continues.

THE FUTURE.

In the preceding paragraphs the needs of the future have been indicated. The Management Committee wants to maintain the existing services at the highest possible degree of efficiency and to be consulted by the Regional Hospital Board in the planning and provision of the additional accommodation so urgently required.

The members of the Committee ask for sympathy and help from everyone in the enormous task which lies ahead.

EDWARD J. MOUNT,

Chairman.

25th March, 1949.

CANTERBURY GROUP HOSPITAL MANAGEMENT COMMITTEE.

Comparative statistics of in and out-patients treated during the years 1947 and 1948

	Bed Complement	Average daily occupation		No. of new out-patients		No. of old out-patient attendances		Total out-patient attendances	
		1947	1948	1947	1948	1947	1948	1947	1948
Kent & Canterbury Hospital	225	168.6	£93.13	17,514	20,814	51,473	62,074	68,987	82,888
Queen Victoria Memorial Hospital, Herne Bay	40	27.9	28.9	3,474	3,609	2,705	4,297	6,179	7,906
White table & Tankerton Hospital.	42	23.21	25.2	1,553	1,876	4,279	4,136	5,832	6,012
Faversham Cottage Hospital	22	8.47	11.8	827	863	324	537	1,151	1,400
St. Idler's Nursing Home (Maternity)	14	9.79	8.61	-	-	-	-	-	-
St. Anne's Convalescent Home.	112	65	68	-	-	-	-	-	-
Crole Wyndham Convalescent Home.	19	13.5	15.48	-	-	-	-	-	-
Canterbury Isolation Hospital.	39	6.91	6.2						